

Institution/Division Name	<h2 style="margin: 0;">Employee Reimbursement Form</h2>	Page <u>1</u> of
Forensic Services Group		
Employee Name and Address		
James Hanchett 25 Kenneth Road Easthampton, MA 01027		

Employee ID # [REDACTED]	Employee or Contractor Title Forensic Scientist V	Bargaining Unit Unit 9	Appropriation 80000106	Unit 2530	
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Document Total:\$	Reconciliation Date:	Schedule Pay Date:	Budget FY 2013	
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[illegible]

Employee's Certification: I herby certify under the penalty of perjury that the amounts itemized above are true and correct, were incurred by me during the performance of my official duties of the Commonwealth and conform fully with rules and regulations pertaining to employee reimbursement.

Supervisor's Approval:	Title:	Date:
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Fiscal Verification: _____ Title: _____ Date: _____

Fiscal Approval: _____ Title: _____ Date: _____

Entered Into HR/CMS By:	Title:	Date:
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1
Object
B02
FY
2013

Total Expenses
\$ 66.85
\$ 66.85
\$ 67.30
\$ 66.85
\$ 66.70
\$ 267.85

Employee Reimbursement Form Con't

Institution/Division Name:		Employee ID #		Employee Name and Address					Page ____ of ____	
		Total Private Auto Mileage								
Date	Description	Odometer Readings		Total Miles	Amount	Meals	Fares	Hotel	Other Expenses	Total Expenses
		Beginning	Ending							

Employee Reimbursement Form Con't

Employee's Certification: I herby certify under the penalty of perjury that the amounts itemized above are true and correct, were incurred by me during the performance of my official duties of the Commonwealth and conform fully with rules and regulations pertaining to employee reimbursement.

Employee's

Supervisor's Approval:	Title:	Date:
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Fiscal Verification: _____	Title: _____	Date: _____
Fiscal Approval: _____	Title: _____	Date: _____
Entered Into HR/CMS By: _____	Title: _____	Date: _____